

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FOLLOWING ADMINISTRATION

Kansas (02-31)
approved: 02/25/03
effective: 01/01/03

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #02-31	2. STATE: Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT a. FFY 2003 \$ 260,000 b. FFY 2004 \$ 400,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A #11.c., Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A #11.c., Page 1	
10. SUBJECT OF AMENDMENT: Hearing Services Limitations			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Janet Schalansky is the Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Janet Schalansky / Candace A. Shung</i>		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: 12/11/02			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/18/02		18. DATE APPROVED: FEB 13 2003	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/03		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Thomas W. Lenz, Acting</i>	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Medicaid & Children's Health	
23. REMARKS: cc: Schalansky Day/Haverkamp 00 DSC/DATA			
		SPA CONTROL Date Submitted: 12/17/02 Date Received: 12/18/02	

*Substitute per letter dated 11/14/03 m

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#11.c., Page 1

Speech and Language Services Limitations

Speech and Language Services

1. Speech and language therapy services must be rehabilitation and restorative in nature, and provided following physical debilitation due to acute physical trauma or illness. They must be prescribed by the attending physician.
2. Speech and language therapy services are limited to services provided by inpatient hospital, rehabilitative hospital, Local Education Agencies (early childhood intervention providers, head start and school districts), outpatient, home health and free standing clinics.
3. Speech therapy must be provided by a speech pathologist who has a certificate of clinical competence from the American Speech and Hearing Association.

TN # 02-31 Approval Date FEB 25 2003 Effective Date 01/01/03 Supersedes #01-10